## Case 2:22-cv-03280-NIQA Document 1 Filed 08/17/22 Page 1 of 19

JS 44 (Rev. 04/21)

## **CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS			DEFENDANTS			
Robin Wilson			Monia Mallian, United States of America, United States			
***************************************			Postal Service John doe ABC Corp. et al.			
(b) County of Residence of	of First Listed Plaintiff Delaware		County of Residence of First Listed Defendant Philadelphia			
· · · · · · · · · · · · · · · · · · ·	CEPT IN U.S. PLAINTIFF CASES)			(IN U.S. PLAINTIFF CASES O		
			NOTE: IN LAND CO	NDEMNATION CASES, USE THOSE LAND INVOLVED.	HE LOCATION OF	
				OF LAND INVOLVED.		
(c) Attorneys (Firm Name, A	Address, and Telephone Number)		Attorneys (If Known)			
Stuart A. Wineg	rad, Esquire, Tel. 215-735-5599					
1600 Market Str	eet, Ste. 1610, Philadelphia, PA 191	103				
II BASIS OF HIRISDI	ICTION (Place an "X" in One Box Only)	шс	TIZENSHIÐ OF ÞE	DINCIPAL PARTIES	Place an "X" in One Box for Plaintiff	
ii. Dadis Or a Omisis	1CT1O11 (race an X in One Box Only)	ALI. CI	(For Diversity Cases Only)		race an -x -m One Box for raunag ind One Box for Defendant)	
I U.S. Government	3 Federal Question		PT		PTF DEF	
Plaintiff	(U.S. Government Not a Party)	Citiz	en of This State	I Incorporated ar Pri of Business In T		
<b></b>				. –		
x 2 U.S. Government Defendant	4 Diversity (Indicate Citizenship of Parties in Item III)	Citiz	en of Another State	2 Incorporated and P of Business In A		
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		1	en or Subject of a reign Country	3 Foreign Nation	<u>6</u> 6	
IV. NATURE OF SUIT	(Place on "X" in One Roy Only)	1		Click here for: Nature of S	nit Code Descriptions	
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120 Marino 130 Miller Act	310 Airplane		of Property 21 USC 881 90 Other	423 Withdrawal 28 USC 157	376 Qui Tam (31 USC	
140 Negotiable Instrument	Liability 367 Health Care/	, H.,	o Other	INTELLECTUAL	3729(a)) 400 State Reapportionment	
150 Recovery of Overpayment	320 Assault, Libel & Pharmaceutical			PROPERTY RIGHTS	410 Antitrust	
& Enforcement of Judgment	Slander Personal Injury 330 Federal Employers' Product Liability	,		820 Copyrights 830 Patent	430 Banks and Banking 450 Commerce	
152 Recovery of Defaulted	Liability 368 Asbestos Person			835 Patent - Abbreviated	460 Deportation	
Student Loans (Excludes Veterans)	340 Marine Injury Product 345 Marine Product Liability			New Drug Application	470 Racketeer Influenced and Corrupt Organizations	
153 Recovery of Overpayment	Liability PERSONAL PROPE	RTY	LABOR	840 Trudemark 880 Defend Trade Secrets	480 Consumer Credit	
of Veteran's Benefits	350 Motor Vehicle 370 Other Fraud		10 Fair Labor Standards	Act of 2016	(15 USC 1681 or 1692)	
160 Stockholders' Suits	X   355 Motor Vehicle   371 Truth in Lending   Product Liability   380 Other Personal		Act 20 Labor/Management	SOCIAL SECURITY	485 Telephone Consumer Protection Act	
195 Contract Product Liability	360 Other Personal Property Damage		Relations	861 HIA (1395ff)	490 Cable/Sat TV	
196 Franchise	Injury 385 Property Damag 362 Personal Injury - Product Liability		40 Railway Labor Act 51 Family and Medical	862 Black Lung (923)	850 Securities/Commodities/	
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REAL PROPERTY	ESECUTION SESSED PRISONERS SHOW		Of Other Labor Litigation	865 RSI (405(g))	891 Agricultural Acts	
210 Land Condemnation 220 Foreclosure	440 Other Civil Rights Habeas Corpus: 441 Voting 463 Alien Detainee	$ \vdash$	11 Employee Retirement Income Security Act	FEDERALTAXSUITS	893 Environmental Matters 895 Freedom of Information	
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240 Torts to Land	443 Housing/ Sentence			or Defendant)	896 Arbitration	
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×	448 Education 555 Prison Condition	,	Actions		State Statutes	
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	Conditions of Confinement	-				
V. ORIGIN (Place an "X" is	n One Box Only)				**************************************	
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TOT CLITTOR OR LOWY	28 ILS C.2671	aro mme (	oo not the jarisulthonia suu.	uics unicss inversity).		
VI. CAUSE OF ACTION	Brief description of cause:					
	personal injury and medical expenses			· · · · · · · · · · · · · · · · · · ·		
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION DEMAND \$ CHECK YES only if demanded in complaint:						
COMPLAINT:	UNDER RULE 23, F.R.Cv.P.			JURY DEMAND:	¥Yes No	
VIII. RELATED CASE(S)						
IF ANY (See instructions):  JUDGE DOCKET NUMBER						
DATE	SIGNATURE OF A	TTORNEY	OF RECORD			
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FOR OFFICE USE ONLY						
RECEIPT # AM	MOUNT APPLYING IFP		JUDGE	MAG. JUL	OGE	
			70000	ming, JUL		

BEZARK LERNER & DEVIRGILIS, P.C.

By: Stuart A. Winegrad, Esquire

Identification No.: 77502

1600 Market Street, Suite 1610

Philadelphia, PA 19103

(215) 735-5599

**Attorney for Plaintiff** 

ROBIN WILSON : UNITED STATE DISTRICT COURT

:

EASTERN DISTRICT OF PENNSYLVANIA

VS. : Civil Action No.

MONIA MALLIAN, UNITED STATES:
OF AMERICA, UNITED STATES POSTAL:
SERVICE, JOHN DOE 1-10 AND ABC:
CORP. 1-10 (names being fictitious as true:
Identities are unknown as this time):

COMPLAINT AND JURY DEMAND

Plaintiff, ROBIN WILSON, by and through the undersigned attorneys, alleges as follows:

#### FIRST COUNT

- 1. This action is brought pursuant to the Federal Tort Claims Act, 28 U.S.C.A. §§2671 et seq. This Court is vested with jurisdiction pursuant to 28 U.S.C.A. §1346(b).
- 2. Plaintiff, Robin Wilson, is a resident of Delaware County, Commonwealth of Pennsylvania, within the United States District Court, Eastern District of Pennsylvania. Venue is therefore proper in this Court
- 3. On August 17, 2022, Defendant, Monia Mallian (hereinafter referred to as "Defendant" or "Mallian"), was operating a United States Postal Service vehicle as an employee and agent of the United States Postal Service (USPS) within the course and scope of her employment.
- 4. Defendant, United States of America and United States Postal Service (hereinafter referred to as "Defendant" or "United States"), are responsible for the acts and omissions of Defendant, Monia Mallian and other agents of the United States Postal Service under the doctrine of

respondeat superior.

- 5. Fictitiously named Defendants herein, who are agents and employees of the United States Postal Service, were responsible for the training of Defendant, Monia Mallian, and were acting in the course and scope of their duties and employment and were negligent in failing to properly train Defendant, Monia Mallian, and were negligent in failing to promulgate and properly monitor and enforce safe driving procedures.
- 6. On or about August 17, 2020, Plaintiff, Robin Wilson was operating a motor vehicle at or near the intersection of Island Avenue and Enterprise Avenue in Philadelphia, Pennsylvania, when suddenly, and without warning, Defendant, Monia Mallian, while completing a U-turn caused the vehicle she was driving to come into collision with the vehicle being operated by Plaintiff, Robin Wilson, causing Plaintiff to suffer severe and serious injuries more particularly described herein below.
- 7. This accident resulted solely from the negligence and carelessness of the Defendants herein and was due in no manner whatsoever to any act or failure to act on the part of the Plaintiff.
- 8. At the time aforesaid, the negligence and carelessness of Defendant, Mallian, and, by operation of law, Defendant, United States of America and United States Postal Service, consisted of the following:
  - (a) Operating the vehicle at a speed which was excessive under the circumstances;
  - (b) Failing to maintain a proper lookout;
- (c) Failing to maintain proper and adequate control over the operation of the motor vehicle;
- (d) Operating the vehicle at a speed greater than would permit her to stop within the assured clear distance;

- (e) Operating her vehicle without due regard for the rights, safety and position of the Plaintiff's vehicle at the point aforesaid;
- (f) Failing to comply with the statutes and ordinances pertaining to vehicular traffic on the highways of the Commonwealth of Pennsylvania, including but not limited to 75 Pa.C.S.A. 3301 and 75 Pa.C.S.A. § 3331;
- (g) Failing to slow, stop or swerve her vehicle when she knew, or in the exercise of reasonable care should have known, that unless she did so, she would strike Plaintiff's vehicle; and
- 9. As a result of this accident, Plaintiff, Robin Wilson, has suffered injuries which are or may be serious and permanent, including, but not limited to, cervical sprain and strain with segmental dysfunction and pain, thoracic sprain and strain with segmental dysfunction and pain, lumbar sprain and strain with segmental dysfunction and pain, left shoulder sprain and strain, protrusion at T12-L1 and protrusion at L5-S1, muscle spasms, and other bruises, contusions and/or abrasions of various portions of her body; severe damage to her nerves and nervous system, and various other ills and injuries.
- 10. As a further result of this accident, Plaintiff, Robin Wilson, has been obliged to receive and undergo medical attention and care and to incur various expenses described in 75 Pa.C.S.A. 1701 et seq., for the injuries she suffered and she may be obliged to continue to expend such sums or incur such expenditures for an indefinite time in the future, for which a claim is hereby made.
- 11. As a further result of this accident, Plaintiff, Robin Wilson, has or may suffer a severe loss of earnings and impairment of earning capacity and power, which such loss of income and/or impairment of earning capacity or power has or may exceed the sum recoverable under the limitations in 75 Pa.C.S.A..§ 1701 et seq.
  - 12. As a direct and reasonable result of the accident aforementioned, Plaintiff, Robin

Wilson has or may hereafter incur other and further financial expenses or losses which do or may

exceed amounts to which she may otherwise be entitled to recover.

13. As a further result of the accident aforementioned, Plaintiff, Robin Wilson has

suffered severe physical pain, mental anguish and humiliation and may continue to suffer same for

an indefinite time in the future.

14. On or about February 7, 2022, Plaintiff submitted to the Chief Counsel, USPS

National Torts Center, 1720 Market Street, Suite 2400, St. Louis, MO 63155, the proper claim for

damages and injury in a completed and signed Standard Form 95, a copy of which is attached to this

Complaint as Exhibit "A." The claim properly sets out the information required, including the nature

and extent of Plaintiff's injuries, and was submitted in the amount of \$75,000.00.

15. Defendants have refused, neglected and otherwise denied the claim by inaction.

WHEREFORE, Plaintiff, Robin Wilson demands judgment of the Defendants, jointly and/or

severally or in the alternative for bodily injury damages including but not limited to medical costs,

expenses, interest and costs of suit, and such other relief as the Court deems just and proper.

**JURY DEMAND** 

Plaintiff demands trial by jury.

BEZARK LERNER & DEVIRGILIS, P.C.

BY:

STUART A. WINEGRAD, ESQUIRE

Attorney for Plaintiff

# **EXHIBIT "A"**



#### BEZARK LERNER & DE VIRGILIS PC

BRIAN R. BEZARK ERIC I. LERNER JOHN DEVIRGILIS STUART A. WINEGRAD\*

BRUCE W. MILLER OF COUNSEL

"ALSO MEMBER NJ BAR

February 7, 2022

E-mail: swinegrad@bldvlaw.com

Chief Counsel, Torts General Law Service Center USPS National Tort Center 1720 Market St., Room 2400 St. Louis, MD 63155

RE:

Our Client: Robin Wilson Date of Accident: 8/17/20

Accident Location: Island Ave. and Enterprise Ave., Philadelphia

#### Dear Sir/Madam:

Please be advised that this office has been retained to represent Ms. Robin Wilson in connection with the above-dated motor vehicle accident. Enclosed please find a completed and executed Claim for Damage, Injury, or Death (Standard Form 95) and demand for resolution.

For your review I have enclosed my client's items of special damages as follows:

1) Urgent Care Patient First 8/19/20 OUTSTANDING BALANCE - \$10.00

\$ 177.76

 Dr. Brett Cardonick – University City Med Center 8/27/20 – 5/20/21

\$21,415.00

OUTSTANDING BALANCE - \$11,090.00

3) Open MRI of Bala Cynwyd 1/14/21 – MRI Lumbar Spine OUTSTANDING BALANCE - \$2,050.00

\$ 2,050.00

## Case 2:22-cv-03280-NIQA Document 1 Filed 08/17/22 Page 8 of 19

Chief Counsel, Torts General Law Service Center Re: Our Client: Robin Wilson February 7, 2022 – Page Two

Also enclosed are copies of the Incident Report and the first-party benefit exhaustion letter from AAA Insurance. Claimant's demand in this case is \$75,000.00.

I look forward to your response. Please do not hesitate to contact me with any questions or concerns.

CONTADO A MINICODA

SAW/klm Enclosures

CLAIM FOR DAN INJURY, OR D	tevelor aide aid o	ease re red kackfus /fle/ทริเชิด nformation requested on both et(s) If necessary. See reverse	sides of this side for	ORM APPROVED OMB NO. 1105-0008			
Submit to Appropriate Federal Agency: Chief Counsel, Eorts General Law Service USPS National Tort C 1720 Market St., Roo St. Louis, MO 63155			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Robin Wilson c/o Stuart Winegrad, Esquire 1600 Market St., Ste. 1610 Philadelphia, PA 19103				
	4. DATE OF BIRTH 6/5/1964	5. MARITAL STATUS Single		6. DATE AND DAY OF ACCIDENT 8/17/2020	i	7. TIME (A.M. OR P.M.) 6:10 P.M.	
BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  Maria Mallian, while operating a US Postal Service vehicle, made a U-turn into the motor vehicle operated by Robin Wilson at he intersection of Island Avenue and Enterprise Avenue. See Incident Report.							
9		PROPER	TY DA	MAGE			
9. NAME AND ADDRESS OF OWNER, IF	OTHER THAN CLAIMANT						
Geraldine Wilson, 2121 Col	obs Creek Parkway	, Philadelphia, F	PA 19	1142			
BRIEFLY DESCRIBE THE PROPERTY (See instructions on reverse side).		· · · · · · · · · · · · · · · · · · ·			PERTY MAY BE INS	SPECTED.	
None claimed by Robin Wils	son.		2	Nachdary III			
10.		PERSONAL INJUR	RY/WRC	ONGFUL DEATH			
STATE THE NATURE AND EXTENT O OF THE INJURED PERSON OR DECE Robin Wilson has sustained and sprain with segmental o and sprain with segmental o	DENT. I injuries including a dysfunction and pa	eccentric disc pi in, thoracic strai	rotrus n and	ion toward right neural follonial signification	oramen at L5/s dysfunction an	S1, cervical strain d pain. lumbar strain	
11.		Wil	NESSE	ES .			
NAME				ADDRESS (Number, Street, City, State, and Zip Code)			
Maria Malli	an	Pascha	ll Pos	t Office, 7300 Lindbergh	Blvd., Philade	elphia, PA 19153	
Claimant	l		{	806 Felton Avenue, Sha	ron Hill, PA 19	0079	
12. (See instructions on reverse).		AMOUNT OF	CLAIM	1 (in dollars)			
12a. PROPERTY DAMAGE	12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WI		12c, WF			e to specify may cause ur rights).	
None claimed.	\$75,000.00	None		).	\$75,000.00		
I CERTIFY THAT THE AMOUNT OF C			ES CAU	JSED BY THE INCIDENT ABOVE	AND AGREE TO A	CCEPT SAID AMOUNT IN	
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM 14. DATE OF		M 14. DATE OF SIGNATURE		
Loudle	1 (eHenn	n )		215-735-5599		2/7/2022	
	NALTY FOR PRESENTING RAUDULENT CLAIM	//		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

Case 2:22-cv-03280-NIQA INSUBANCEN								
in order that subrogation claims may be adjudicated, it is essential that the claimant provide t								
15. Do you carry accident insurance? 🔀 Yes If yes, give name and address of insuran	nce company (Number, Street, City, State, and	Zip Code) and policy number. No						
Geraldine Wilson								
AAA Insurance, P.O. Box 24523, Oakland, CA 94623								
Claim No.: 1003-89-7086	rage or deductible? X Yes No	17. If deductible, state amount.						
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cove	rage or deductible? X Yes No	17. II deducable, state amount.						
AAA seeks to subrogate against the responsible party.	AAA seeks to subrogate against the responsible party.							
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed	d to take with reference to your daim? (It is no	None.						
18. It a claim has been filed with your carrier, what action has your insurer taxen or proposed N/A	d to take with teletistice to Joni delitits fit is he	cessary triat you ascertain mese racis.						
TV/A								
to D	and neidroon of Inguistros carrier (Number	Street, City, State, and Zip Code). No						
19. Do you carry public liability and property damage insurance? Yes If yes, give na	me and address of Insurance carrier (Number,	, Steet, City, State, and Zip Gode).						
	CTIONS							
Claims presented under the Federal Tort Claims Act should be sul employee(s) was involved in the incident. If the incident involves								
claim form.	more than one diamant, each dia	midit silvaid subtifit a separate						
Complete all items - Insert the	word NONE where applicable.							
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJUR	Y TO OR LOSS OF PROPERTY, PERSONAL						
AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	INJURY, OR DEATH ALLEGED TO HAVE OF THE CLAIM MUST BE PRESENTED TO THE TWO YEARS AFTER THE CLAIM ACCRUES	CCURRED BY REASON OF THE INCIDENT. EAPPROPRIATE FEDERAL AGENCY WITHI						
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim	The amount claimed should be substantiated	d by competent evidence as follows:						
is deemed presented when it is received by the appropriate agency, not when it is	(a) In support of the claim for personal injur							
mailed.	nature and extent of treatment, the degree of							
If instruction is needed in completing this form, the agency listed in item #1 on the reverse	and the period of hospitalization, or incapaci hospital, or burial expenses actually incurred							
side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14.	(h) In autopart of claims for demand to every							
Many agencies have published supplementing regulations. if more than one agency is involved, please state each agency.	repaired, the claimant should submit at least	erly, which has been or can be economically I two itemized signed statements or estimates						
The date was to Ellistic and the substitute of t	by reliable, disinterested concerns, or, if pay receipts evidencing payment.	ment has been made, the itemized signed						
The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express	CA to account of dataset and							
authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or	the property is lost or destroyed, the claiman	erly which is not economically repairable, or i nt should submit statements as to the original						
legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant	after the accident. Such statements should	nd the value of the property, both before and be by disinterested competent persons,						
as agent, executor, administrator, parent, guardian or other representative.	preferably reputable dealers or officials fami two or more competitive bidders, and should	liar with the type of property damaged, or by						
If claiment intends to file for both personal injury and property damage, the amount for								
each must be shown in item number 12 of this form.	(d) Fallure to specify a sum certain will r forfeiture of your rights.	ender your claim invalld and may result in						
	ACT NOTICE							
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.	B. Principal Purpose: The Information requ	nested is to be used in evaluating claims. Ins of Records for the agency to whom you are						
A. Authority: The requested Information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.	submitting this form for this information.  D. Effect of Fallure to Respond: Disclosure	•						
Part 14.	requested information or to execute the	form may render your claim "invalid."						
D. GERMANY COM								

#### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and meintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other espect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civit Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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	Operator's Name (First, Middle, Last) Mr.		,		Date of Birth	Ci-dalor's License	Number and State
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0 V	Address (Street City State Zin Code)				10-5-1964	120929	<u> 171                                   </u>
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	USE THE FOLLOWING	SECTION ТО RECORD VEH	IÇLE NUMBER	2, PEDEST	THIAN, OR OTHER PE	ROPERTY	
	Operator's Name (First, Middle, Last) Mr.	•			Date of Birth	Operator's Licenso	Number and State
	MIES Monia Mallian	•					
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E 3	Owner's Namé (First, Middle, Last)		<del>"                                    </del>			75	122610
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<b>VI</b> (1	Policy No. PASS-202	756740	Unit 2	Policy No.			
						وي بيموندي شد په پخواندي حسن پيستان فيده د څوندي مي	

j.

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August 17, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 816847218498

Delivery Information:			
Status:	Delivered	Delivered To:	
Signed for by:	K.IM	Delivery Location:	
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday		SAINT LOUIS, MO,
		Delivery date:	Feb 10, 2022 12:04
Shipping Information:			
Tracking number:	816847218498	Ship Date:	Feb 7, 2022
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Recipient		Shipper.	
SAINT LOUIS, MO, US,		PHILADELPHIA, PA, I	

Reference WILSON ROBIN 8/17/20

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.



#### BEZARK LERNER & DE VIRGILIS PC

BRIAN R. BEZARK
ERIC I. LERNER
JOHN DEVIRGILIS
STUART A. WINEGRAD\*
\*ALSO MEMBER NJ BAR

BRUCE W. MILLER OF COUNSEL

February 7, 2022

E-mail: swinegrad@bldvlaw.com

Chief Counsel, Torts General Law Service Center USPS National Tort Center 1720 Market St., Room 2400 St. Louis, MD 63155

RE: Ou

Our Client: Robin Wilson

Date of Accident: 8/17/20

Accident Location: Island Ave. and Enterprise Ave., Philadelphia

#### Dear Sir/Madam:

Please be advised that this office has been retained to represent Ms. Robin Wilson in connection with the above-dated motor vehicle accident. Enclosed please find a completed and executed Claim for Damage, Injury, or Death (Standard Form 95) and demand for resolution.

For your review I have enclosed my client's items of special damages as follows:

1) Urgent Care Patient First 8/19/20 OUTSTANDING BALANCE - \$10.00

\$ 177.76

2) Dr. Brett Cardonick – University City Med Center

\$21,415.00

8/27/20 - 5/20/21 OUTSTANDING BALANCE - \$11,090.00

3) Open MRI of Bala Cynwyd 1/14/21 – MRI Lumbar Spine

\$ 2,050.00

OUTSTANDING BALANCE - \$2,050.00

## Case 2:22-cv-03280-NIQA Document 1 Filed 08/17/22 Page 14 of 19

Chief Counsel, Torts General Law Service Center Re: Our Client: Robin Wilson February 7, 2022 – Page Two

Also enclosed are copies of the Incident Report and the first-party benefit exhaustion letter from AAA Insurance. Claimant's demand in this case is \$75,000.00.

I look forward to your response. Please do not hesitate to contact me with any questions or concerns.

SAW/klm Enclosures

CLAIM FOR DAI		reverse side and s	supply in all sheet ons.	edse <b>เอลปาเส่าผิฟ/1กัจ/กิร</b> ิเนต information requested on both et(s) if necessary. See reverse	sides of this side for	ORM APPROVED MB NO. 1105-0008	
Submit to Appropriate Federal Agency: Chief Counsel, Eorts General Law Service Center USPS National Tort Center 1720 Market St., Room 2400 St. Louis, MD 63155				2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Robin Wilson c/o Stuart Winegrad, Esquire 1600 Market St., Ste. 1610 Philadelphia, PA 19103			
	1. DATE OF BIRTH 6/5/1964	5. MARITAL STATUS Single	- 1	6. DATE AND DAY OF ACCIDENT 8/17/2020		. TIME (A.M. OR P.M.) 5:10 P.M.	
BASIS OF CLAIM (State In detail the known facts and circumstances attending the damage, Injury, or death, Identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  Maria Mailian, while operating a US Postal Service vehicle, made a U-turn into the motor vehicle operated by Robin Wilson at the intersection of Island Avenue and Enterprise Avenue. See Incident Report.							
9.		PROPER	RTY DA!	MAGE			
NAME AND ADDRESS OF OWNER, IF	OTHER THAN CLAIMAN						
Geraldine Wilson, 2121 Cob	bs Creek Parkway	/, Philadelphia, I	PA 19	3142			
BRIEFLY DESCRIBE THE PROPERTY, (See Instructions on reverse side).	, NATURE AND EXTENT	OF THE DAMAGE AN	D THE L	LOCATION OF WHERE THE PRO	PERTY MAY BE INS	PECTED.	
None claimed by Robin Wils	son.						
10.		PERSONAL INJU	RY/WRO	ONGFUL DEATH			
STATE THE NATURE AND EXTENT OF OF THE INJURED PERSON OR DECE Robin Wilson has sustained and sprain with segmental of	DENT. I injuries including	eccentric disc p	rotrus	sion toward right neural f	oramen at L5/S	61, cervical strain	
and sprain with segmental o	•			· -	=	,	
11.		Wi'	TNESSE	ES			
NAME	***************************************	<u> </u>		ADDRESS (Number, Street, City, State, and Zip Code)			
Maria Mallia	an	Pascha	ill Pos	st Office, 7300 Lindbergh	Blvd., Philade	lphia, PA 19153	
Claimant				806 Felton Avenue, Sha	ron Hill, PA 19	079	
12. (See Instructions on reverse).		AMOUNT O	CLAIN	(in dollars)			
12a, PROPERTY DAMAGE	12b. PERSONAL INJUR	AL INJURY 12o, V		RONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfelture of your rights).		
None claimed.	med. \$75,000.00 Nor			ne. \$75,000.00			
	I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.						
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).				13b. PHONE NUMBER OF PERSON SIGNING FORM 14. DATE O		M 14. DATE OF SIGNATURE	
Loukla	/ lattona	<u>~ )</u>		215-735-5599		2/7/2022	
	NALTY FOR PRESENTING RAUDULENT CLAIM	) ) G		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United Stat \$5,000 and not more than \$10,000, plu by the Government. (See 31 U.S.C. 37		Fine, Imprisonment, or both. (Se	e 18 U.S.C. 287, 100	01.)			

Case 2:22-cv-03280-NIQA INDURENTE	<b>pyletAge</b> Filed 08/17/22 Page 16 of 19
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the	ne following information regarding the insurance coverage of the vehicle or property.
15. Do you carry accident insurance? X Yes If yes, give name and address of insuran	ce company (Number, Street, City, State, and Zlp Code) and policy number. No
Geraldine Wilson AAA Insurance, P.O. Box 24523, Oakland, CA 94623 Claim No.: 1003-89-7086	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cover	age or deductible? X Yes No 17. If deductible, state amount.
AAA seeks to subrogate against the responsible party.	
10 K - 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	None.
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed N/A	to take with reservice to your claims fit is necessary that you ascertain mese factor.
19. Do you carry public liability and property damage insurance? Yes If yes, give nar	ne and address of insurance carrier (Number, Street, City, State, and Zip Code). 🔲 No
INSTRUC	CTIONS
Claims presented under the Federal Tort Claims Act should be sub employee(s) was involved in the incident. If the incident involves a	omitted directly to the "appropriate Federal agency" whose
claim form.	
Complete all Items - Insert the	word NONE where applicable.
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.
Failure to completely execute this form or to supply the requested material within	The amount claimed should be substantiated by competent evidence as follows:
two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.	(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bilis for medical,
If Instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14.	hospital, or burial expenses actually incurred.
Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the Itemized signed receipts evidencing payment.
The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or	(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original
legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.	cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in Item number 12 of this form.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.
PRIVACY	ACT NOTICE
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.  A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	B. Principal Purpose: The information requested is to be used in evaluating claims.     C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.     D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."
PAPERWORK RED	JUCTION ACT NOTICE
This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Put response, including the time for reviewing instructions, searching existing data sources, gain Information. Send comments regarding this burden estimate or any other aspect of this co	olic reporting burden for this collection of information is estimated to average 6 hours per

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MY VEHICLE - NO 1	Address (Street, City, State, Zip Code)		5 4	· · · · · · · · · · · · · · · · · · ·					
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Date 2/7/32 Account Number SENDER'S LED TAGS 200 CHESTER SAND	Frées Express Freight US Abbit.  [ND:(10)] This is the property of the propert
Sender's Stuart Wingra & Phone (215, 735, 5599)	FedEx First Overnight Earliest next business morning delivery to select locations. Index shipments will be delivered on Monday unless Sharked by Delivery is solected.  FedEx 2D ay A.M. Second business morning. Setundary Delivery is NOT everlable.
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Address 1600 MARKET ST STE 1610 Dept/ProofSulta/Room	FedEx Standard Overnight Next business alternoon* Seturday Delivery NOT available. FedEx Express Sever Third business day; Saturday Delivery NOT available.
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Shipping online just got easier. Go to fedex.com/lite.	Total Packages Total Weight Total Declared Value1

## Case 2:22-cv-03280-NIQA Document 1 Filed 08/17/22 Page 19 of 19

August 17, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 816847218498

Delivery Information:		
Statue:	Delivered	Delivered To:
Signed for by:	KIM	Delivery Location:
Service type:	FedEx Express Saver	
Special Handling:	Deliver Weekday	SAINT LOUIS, MO,
		Delivery date: Feb 10, 2022 12:04
Shipping Information:		
Tracking number:	816847218498	Ship Date: Feb 7, 2022
		Weight:
Recipient		Shipper:
SAINT LOUIS, MO, US,		PHILADELPHIA, PA, US,
Reference	WILSON ROBIN 8/17/20	

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.